

Case Number:	CM15-0034742		
Date Assigned:	03/03/2015	Date of Injury:	12/10/2013
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old female, with a reported date of injury of 12/10/2013. The diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint sprain/strain. Treatments have included a back brace, oral medications, topical pain medication, physical therapy, and an MRI of the lumbar spine on 01/22/2014. The progress report dated 01/20/2015 indicates that the injured worker complained of low back pain. She rated the pain 7-8 out of 10. A physical examination of the lumbar spine showed normal lordosis and alignment, diffuse tenderness noted over the lumbar paravertebral musculature, moderate facet tenderness noted over the L3-S1 spinous processes, and decreased lumbar range of motion. The treating physician requested right L3-4 transforaminal epidural steroid injection times two and denied the request for one urine drug screening and one interferential unit thirty-day trial for home use. It was noted that the injured worker had failed conservative treatment. On 02/06/2015, Utilization Review (UR) modified the request for right L3-4 transforaminal epidural steroid injection times two and denied the request for one urine drug screening and one interferential unit thirty-day trial for home use, noting that the guidelines indicate that a second block is not recommended if there is an inadequate response to the first block; a previous request for a urine drug test was certified on 10/26/2014; and there was no indication that the injured worker was unresponsive to conservative measures, as her pain levels are effectively managed with her medications. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Recommend prospective request for 1 right L3-L4 transforminal epidural steroid injection times 2 between 1/20/15 and 3/21/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Prospective request for 1 right L3-4 transforminal epidural steroid injection times 2 between 1/20/15 and 3/21/15 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections. The physical exam does not corroborate lumbar radiculitis; Additionally, there is lack of documentation of at least 50% reduction in pain from the previous injection; therefore, the requested services is not medically necessary.

Recommend prospective request for 1 urine drug test between 1/20/15 and 3/21/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 108.

Decision rationale: Prospective request for 1 urine drug test between 1/20/15 and 3/21/15 is not medically necessary. Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) however, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk

stratification including use of the testing instrument with patient's at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) There is no documentation of his urine drug testing limited to point of care immunoassay testing. Additionally, the provider did not document risk stratification using a testing instrument as recommended in the Ca MTUS to determine frequency of UDS testing indicated; therefore the requested services not medically necessary.

Recommend prospective request for 1 Interferential unit 30 days trial for home between 1/20/15 and 3/21/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Therapy Page(s): 119.

Decision rationale: Recommend prospective request for 1 Interferential unit 30 days trial for home between 1/20/15 and 3/21/15 is not medically necessary. Per MTUS, Inferential Current is "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As it relates to this case inferential current was recommended as solo therapy for lumbar pain. Additionally, the patient was previously unresponsive to physical therapy. Per MTUS and the previously cited medical literature inferential current is not medically necessary as solo therapy and the current diagnoses.